



County of San Diego

JEAN M. SHEPARD
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES

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Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, November 20, 2007

Members Present

Davis, M.D., Dan – UCSD/Mercy Air
Dunford, M.D., Jim – City of San Diego
Glasser, M.D., Judd – Tri-City
Grad, M.D., Michele – Palomar/Pomerado
Harley, M.D., Jim – Children's
Kramer, M.D., Mark – Sharp Memorial
Linnik, M.D., Bill – Sharp Grossmont
MacPherson, Gary – Co. Paramedic Agencies' Comm.
Miranda, Aaron – S.D. Co. Paramedics' Association
Reilly, M.D., Ian – Scripps La Jolla
Rosenberg, R.N., Linda – Sharp Memorial
Stonecipher, R.N., Joanne – Southwestern College
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Pate, R.N., Rebecca
Royer, R.N., Diane
Stepanski, Barbara

Recorder

Rupp, Merle

Guests Present

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – RCCP/AMR
Danishwar, Jamila – UCSD
Dotson, R.N., Melody – UCSD
Foehr, Rick – EMSTA, Inc.
Graydon, R.N., Cheryl – Palomar
Henry, Chad – American Medical Response
How, Chornng-Kwang – UCSD
Howard, R.N., LuAnn – Scripps La Jolla
Kelly, R.N., Donna – UCSD ROC
Madati, P. Jamil – Children's
Majerczak, R.N., Karen – Tri-City
Meadows-Pitt, R.N., Mary – Sharp Grossmont
Moor, Brandon – S.D. Medical Services Enterprise
Ochs, R.N., Ginger – San Diego Fire Rescue
Quinn, R.N., Michele – Children's
Sallee, M.D., Don – Naval Medical Center San Diego
Scott, Chris – North County Fire
Seabloom, R.N., Lynne – Oceanside Fire
Steen, R.N., Pam – Mercy Air
Van Drunen, Tara – Naval Medical Center San Diego
Vivieros, R.N., Dinarte – Children's
Workman, Debi – Palomar College

I. INTRODUCTIONS/ANNOUNCEMENTS

Judd Glasser, M.D., Chair, brought the meeting to order at 11:00 a.m. Attendees introduced themselves.

II. APPROVAL OF MINUTES

MOTION made by Michele Grad, M.D., Seconded by Mark Kramer, M.D., to approve the Minutes of October 16, 2007 as submitted. MOTION carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Change in Legal Hold of Patients in Hospitals: A representative from County Behavioral Health recently spoke at EMOC (Emergency Medical Oversight Committee) regarding a change that will take effect January 1, 2008 which will increase the use of an eight-hour hold to twenty-four hours in any LPS (Lantermann-Petris-Short) hospital. Staff must utilize a 5150 Code or medical hold and the County is also changing the 5150 process. Dr. Haynes will send out more information as it is discussed further at EMOC.

Dr. Haynes will send out a written report for BSPC at a later date.

IV. BASE HOSPITAL NURSE COORDINATOR'S REPORT (Linda Rosenberg, R.N.)

The BHNC's should have some audit reports to present at the January 15, 2008 meeting.

V. ROC (Resuscitation Outcomes Consortium) Update (Dan Davis, M.D.)

ROC San Diego is facing a renewal process as a group and because it has taken so much time to go through all the regulatory hurdles, the National Institute of Health (NIH) has informed San Diego ROC, until enough patients are enrolled in each of the on-going trials, renewal won't be considered. This would constitute a gap between ROC I and II. Currently each site is reviewing their financial status to determine whether or not they can continue to operate between the gap.

ROC San Diego is working with UCSD to ascertain what they are willing to do and also re-addressing the issue with the City of San Diego to determine if they would consider joining the program. One year and-one-half remains in the first year of ROC San Diego.

ROC has clearly had an impact on the American Health Association (AHA) meetings. Dr. Davis still needs to be called when a patient is being enrolled in ROC. Approximately 100 patients are currently enrolled in the Hypertonic Saline Study portion of ROC.

VI. CPAP/BIPAP DEVICES (Jim Dunford, M.D.)

The following are some highlighted comments from this presentation by Dr. Dunford:

- Dr. Dunford is giving eleven lectures to the 450 San Diego City paramedics regarding the rationale and use of non-invasive positive airway ventilation (NPPV).
- The purpose of NPPV (including CPAP and BiPAP) in patients with severe respiratory distress is to decrease the work of breathing and recruit alveoli.
- BiPAP is not commercially available today in the prehospital setting.
- CPAP and BiPAP have been used for a long time in San Diego County hospitals.
- NPPV has been demonstrated in numerous in-hospital trials to reduce the work of breathing, lower the intubation rate and reduce mortality.
- CPAP is now being implemented in many EMS communities.
- The three manufacturers of prehospital CPAP are Respironics, Boussignac and Emergent. Each device has advantages and disadvantages.
- The Respironics unit is very portable, has an excellent mask that is compatible with

hospital BiPAP devices, employs inexpensive valves to set airway pressure and can be equipped with an N95 filter. Switching valves (5cm, 7.5, 10cm) could be difficult in an acute patient so selecting one fixed pressure (ex. 10cm H2O) might be best.

- The Boussignac mask device creates CPAP proportional to flow from 10/25L minute. The device allows sunctioning but there is no N95 exhalation capability and we found it hard to consistently create 10cm H2O pressure in the UCSD Respiratory Therapy lab; emergency department turnover is easy with the device as it can be plugged into any wall O2 outlet.
- The Emergent Portovent device was purchased for the Houston Fire Dept. by Methodist Hospital to reduce the number of intubated patients in the community. They like it. The device allows the user to easily dial in a pressure, has a nice mask and accommodates an N95 filter. Each hospital emergency department would need to have this device to make turnover easy.
- CPAP is considered to be at the Basic Life Support (BLS) level.
- Each device allows a nebulizer to deliver Albuterol/Atrovent treatments.
- According to a JEMS survey, 43% of the 250 largest U.S. cities are now using CPAP.
- San Diego Medical Services Enterprise paramedic Brandon Moor stated that he used a Respironics CPAP device for two years in the Hemet, California area. There were numerous COPD (Chronic Obstructive Pulmonary Disorder) and pulmonary edema patients that benefited dramatically, some with almost complete turnaround prior to arrival.
- The hardest aspect of CPAP for patients is overcoming a claustrophobic sensation when the mask is strapped to the face to achieve the necessary tight seal.

VII. HEALTH ADVISORY COMMITTEE ON THREATS (HACOT) **(Linda Rosenberg, R.N.)**

HACOT will meet again in December, 2007.

VIII. SAN DIEGO HEALTHCARE DISASTER COUNCIL **(Linda Rosenberg, R.N.)**

(Dr. Haynes):

- A meeting was held with various hospitals, clinics, skilled nursing facilities and others on Friday, November 16, 2007 to discuss the various firestorm experiences from the October, 2007 wild fires in San Diego County.
- The San Diego Healthcare Disaster Council will also meet on December 12, 2007 which will give more hospitals and clinics a further opportunity to share their individual experiences.
- There were nine separate fires burning simultaneously in San Diego County at one time during the October fires and approximately 355,000 acres were burned.
- There were ten deaths directly related to fire.
- Nineteen patients were admitted to UCSD Burn Center, two of those died. There were a record number of respiratory distress calls in the days following all the smoke.
- It was the largest non-hurricane evacuation in U.S. history with approximately a half-million people evacuating. The 9-1-1 reverse system did work very well.
- The Medical Operations Center (MOC), developed after the 2003 wildfires, worked very well and was the major point of contact for the medical system.
- Pomerado Hospital was evacuated in less than two hours.
- The new Web EOC system worked very well.

- There are close to 800 Medical Reserve Corps volunteers now and many assisted in the firestorms.
- The San Diego County Medical Society provided a number of volunteers and the Pharmacy group did a great job evaluating patients as well.
- There were a number of ambulance strike teams and they were used to re-populate hospitals. At one time, there were approximately 10,000 people staying at Qualcomm Stadium.

IX. ITEMS FOR FUTURE DISCUSSION

None noted.

X. ELECTION FOR CHAIR FOR 2008

Judd Glasser, M.D., Tri-City, volunteered to remain as Chair of BSPC for 2008.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting was scheduled for Tuesday, January 15, 2008, 11:00 a.m. at Sharp Spectrum Auditorium 8695 Spectrum Center Court, Kearny Mesa, San Diego.

The meeting adjourned at 12:10 p.m.

Respectfully submitted,

Merle Rupp, Board Secretary
County EMS